

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CARSON AMERICA

A. Full Name (Last, First, Middle Initial)
MR. LEROY M. ANDERSON

Mailing Address **P.O. BOX 24**

City SANDPOINT	State ID	Zip Code 83864-0024
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FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Transaction ID : SA17.1065415

Date of Receipt

M M / D D / Y Y Y Y
12 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

100.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
LESLIE ANDERSON

Mailing Address **1101 NORWALK ST**

City GREENSBORO	State NC	Zip Code 27407-2022
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FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
CPA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1050.00

Transaction ID : SA17.855580

Date of Receipt

M M / D D / Y Y Y Y
11 / 07 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
LINCOLN ANDERSON

Mailing Address **50 HEATHER DR.**

City RYE	State NH	Zip Code 03870-6121
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FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17.838344

Date of Receipt

M M / D D / Y Y Y Y
11 / 05 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

250.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

400.00

Total This Period (last page this line number only)